

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

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Name JEFF L.					
Mailing Address PO [30X 629	<u> </u>	Work Tel:(_		•
City SOUTH BEND	State WA	Zip+4 <u>9858</u>	6 + <u>0629</u> FAX:	() ·	
Section 2. CONTA	CT - PERS	ON TO CAL		APPLICA	TION
Name			Home Tel:() -	
			Work Tel:(
City					
Relationship to applicant					· · · · · · · · · · · · · · · · · · ·
Section 3. STATE! The applicant requests a per	_	NTENT			
The applicant requests a per ✓ cubic feet per second) from purpose(s) of	om a ⊠ surface	water source or	☐ ground water sou	rce (check onl	y one) for the ACH A "LEGAL"
not sugjictem. Estimate a maximum annua	I quantity to be	used in acre-feet	per year: .3L	1	
needed:	'/ to				that the water will be
If SURFACE WATER	1, 200 - 100	1 to (1)	If GROUNDWATI	ER	
					44.4.5.1
lake, etc. If unnamed, wr "unnamed stream," etc.:	d indicate if stre rite "unnamed sp	ring,"	A permit is desired f	or	well(s).
lake, etc. If unnamed, wr	ite "unnamed sp	ring,"	A permit is desired f	or	well(s).
lake, etc. If unnamed, wr "unnamed stream," etc.:	rite "unnamed sp	oring,"	A permit is desired f		well(s).
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lake, etc. If unnamed, wr "unnamed stream," etc.: Number of diversions: Source flows into (name of	ite "unnamed sp	oring," Caele):	Size & depth of well	(s):	well(s)
lake, etc. If unnamed, wr "unnamed stream," etc.: Number of diversions: Source flows into (name of WYLLYPA RIVER LOCATION 50/2 Street the north-south annearest section corner:	of body of water	E of the stances in feet fr	Size & depth of well NW COW Tom the point of div	(s): (ersion or wit	غور <u>^</u>
lake, etc. If unnamed, wr "unnamed stream," etc.: Number of diversions: Source flows into (name of the control of the contro	of body of water	E of the stances in feet from Commo	Size & depth of well NW COW Tom the point of div	ersion or wit	hdrawal to the SECT. 6,7,1,4 2
lake, etc. If unnamed, wr "unnamed stream," etc.: Number of diversions: Source flows into (name of the control of the contro	ite "unnamed sp Mule of body of water by 1775' and east-west dis N 150' 5	iring," Calle Stances in feet from Common Range(E/W)	Size & depth of well NW COW Tom the point of div	(s): Version or with Other of s	hdrawal to the SECT: 6,7,1,4 2 ource is platted, complete below:
lake, etc. If unnamed, wr "unnamed stream," etc.: Number of diversions: Source flows into (name of the stream) WYLLIPA RIVER LOCATION 1501 S Enter the north-south ar nearest section corner:	ite "unnamed sp Mule of body of water) of body of water)	iring," Caele Stances in feet from Common Range(E/W) 7 W	Size & depth of well NW COM Tom the point of div	(s): Of Of Services of with the services of services	hdrawal to the SECT: 6,7,1,4 2 Durce is platted, complete below: Subdivision ## 7
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ECY 040-1-14 Rev. 9/95 F

APPLICATION

Appl. No.: 5 2-2 9459

A.	Name of system, if named: $\frac{N/A}{}$	
В.	Briefly describe your proposed water system. (See instructions.)	
C.	Do you already have any water rights or claims associated with this property or syste PROVIDE DOCUMENTATION.	em? ☐ YES ☑ NO
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFompleted for all domestic/public supply uses.)	FORMATION
Α.	Number of "connections" requested: Type of connection HOME	
В.	Are you within the area of an approved water system? (Homes, Aparti	ment, Recreational, etc.) YES NO
	If yes, explain why you are unable to connect to the system. Note: Regional water syour County Health Department.	ystems are identified by
Com	iplete C. and D. only if the proposed water system will have fifteen or	r more connections.
C.	Do you have a current water system plan approved by the	
	Washington State Department of Health? If yes, when was it approved? Please attach the current approved	☐ YES ☐ NO version of your plan
-		
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved	☐ YES ☐ NC version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATIOn omplete for all irrigation and agriculture uses.)	ON
A.	Total number of acres to be irrigated:	
В.	List total number of acres for other specified agricultural uses:	
	UseAcres	
	Use Acres Use Acres	
~		
C.	Total number of acres to be covered by this application:	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).	
	1. Is the combined acreage greater than 2000 acres?	□ YES □ NO
	2. Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:	□ YES □ NO
E.	Farm uses: Stockwater - Total # of animals Animal type (If dain Dairy - # Milking # Non-milking	ry cattle, see below)

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. FROM Raymond Follow State Route 6 East For 4.3 miles, turn left on Camp One Road and go & mile and turn right on Mill Creek Road and go 2.6 miles and you will be at the property.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

MAP STAPELED TO BACK

Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and owner(s):	YES □ NO
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	⊌YES □ NO
order	ify that the information above is true and accurate to the best of my knowledge. to process my application, I grant staff from the Department of Ecology access to nonitoring purposes. Even though I may have been assisted in the preparation of mployees of the Department of Ecology, all responsibility for the accuracy of the in	the site for inspection the above application by

Applicant for authorized representative)

SAME

Landowner for place of use (if same as applicant, write "same")

Date

Date

Dat

We are returning your application for the following reason(s):	: 3	-	
Examination fee was not enclosed			APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) ncomplete	is/are		APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:			
Please provide the additional information requested above an (date).	d return you	ur applic	cation by
	d return you	ur applio	cation by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).